PROJECT MANAGEMENT:

The Television SHOW

by Terry Little
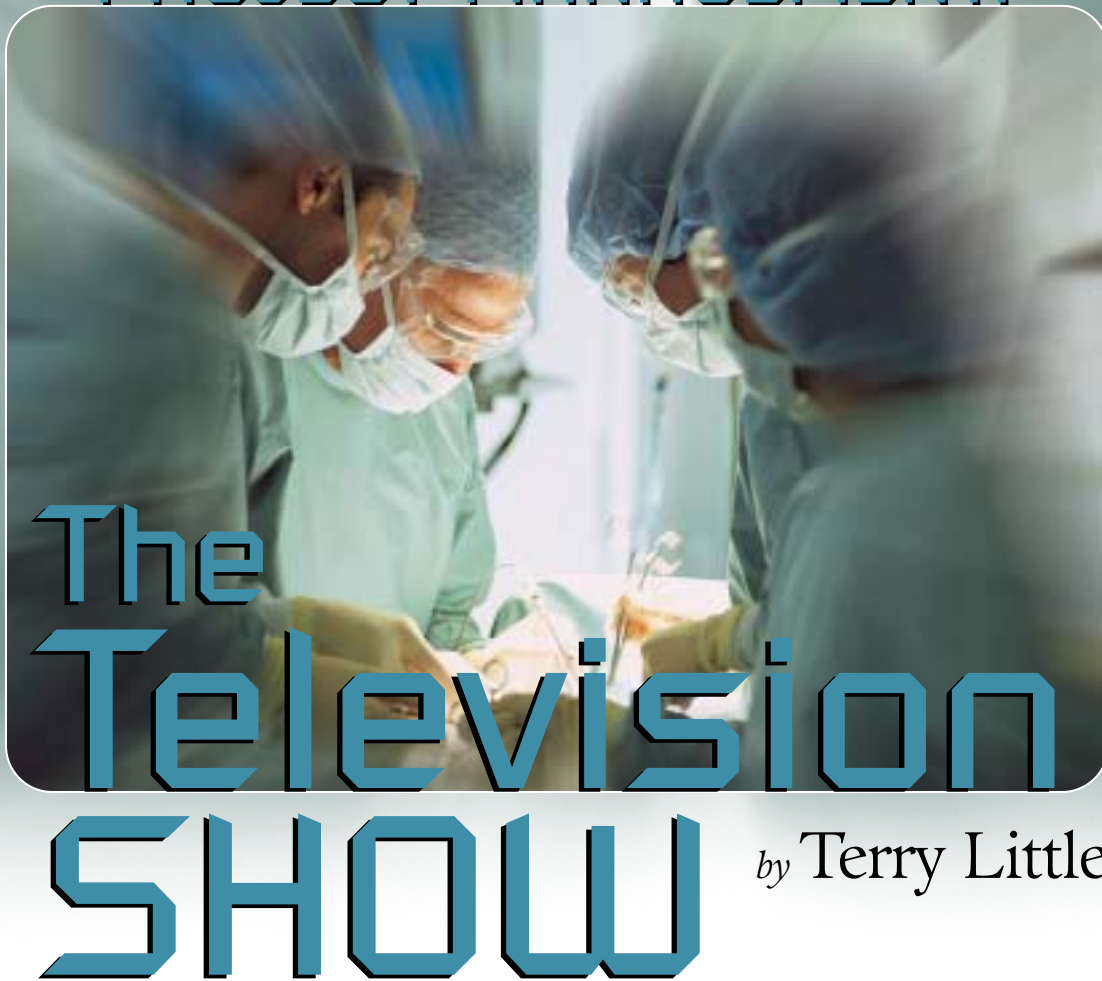
Contrary to what my wife would say, I don't watch much television. I do, however, regularly watch one show on the Learning Channel—the reality series called *Trauma: Life in the E.R.*

WHILE WATCHING THE LAST EPISODE, I RECOGNIZED parallels between what was going on in the emergency room, with its host of accident and gunshot wound victims, and what goes on in successful project management.

Inside a Metaphor

First, there was a sense of urgency, but not haste. As an ambulance or helicopter brought in patients, the physicians, nurses and technicians did some quick planning, anticipating the likely condition and needs of the patient. They moved to get the necessary tools and equipment in place before the patient arrived.

Once the victim appeared, there was no wasted motion. With time as the chief resource, no one did anything that didn't directly address the ultimate objective—saving the victim. The medical team shared a clear set of priorities: deal with life threatening issues first, possible long-term consequences second and ignore everything else.

Each person in the room had an active role. No one was in the emergency room as an observer or overseer. Someone was clearly in charge, but typically no one waited to be told what to do. Interestingly enough, no one ever seemed paralyzed by fear of doing the wrong

thing. Through training and experience, the entire team operated in harmony. When there wasn't enough information to make a decision about a course of treatment, the staff moved quickly to get more information using x-rays, magnetic resonance imaging and similar diagnostics. People spent little time debating or pondering what to do next. They decided on what to do and got on with it.

Sometimes the unexpected happened and a situation that seemed to be in control suddenly went out-of-control. In those cases, there was no hand wringing or fault finding—just a measured, adapted response to the new situation. Sometimes there were mistakes; mostly they were acts of omission rather than commission. There was concern and open discussion about the mistakes, but learning was the chief consequence.

I also noted that there was a general acceptance that not everything affecting the patient was totally within the control of those in the emergency room. The staff spent their time dealing with what was in their control and not complaining about what wasn't.

Rerun

I know some of you are thinking that I have carried this metaphor too far. Perhaps so—perhaps not.

Consider planning and preparing for the project. It's important to do it, but a team shouldn't spend too much time trying to achieve perfection. The plan will never perfectly reflect reality. And what about priorities? Certainly a project's priorities are likely to be less clear-cut than those in an emergency room, but having them and working to them is no less important.

Think about economy of resources. It's important to have the right number of people working the project, but each must have an active role. Like the emergency room, a project has no place for bystanders.

Expending effort on the niceties when the fundamental objective is in question doesn't work. From what I know of project management, the expression "Nero is fiddling while Rome burns" is alive and well. Recall from your own experience what happens when a project begins to go awry. Lots of meetings, lots of analyses and lots of discussion—all aimed at deciding on the "right" thing to do. We accept that as a matter of course, but should we?

What's wrong with making a rapid decision based upon the data at hand, intuition and experience; and then, having made the decision, focusing our energy on execution? Let's face it, a perfect answer for any project emergency doesn't exit. Yes, there are some fundamentals to consider, but never a back-of-the-book answer that prescribes the solution.

And finally, how do we deal with mistakes in project man-agement? They are inevitable, you know. Any project manager who claims to have never made a mistake is either a neophyte or a liar. Sometimes our mistakes result from things we do or don't do when we should have known better. Other times our mistakes are only retrospective mistakes—mistakes because of factors we could not have known or anticipated.

In either event, we should deal with our mistakes and those the folks working for us make in the same way as the emergency room does. Admit the mistake. Distill all the learning from it we can. Move on. Like the emergency room staff, the alternative of avoiding mistakes by doing nothing simply isn't in our playbook. •

> Let's face it, for any project emergency there is no perfect answer.

"In order to provoke unconventional thinking, you need to create a situation where the status quo won't get you there," says **TERRY LITTLE** of his management style. "Until you're able to turn that light on in people's heads that just doing things the same old way isn't going to get you to where you need to be, you're not going to stimulate innovative, creative thinking."

Little is currently the Director of the Kinetic Energy Boost Office of the Missile Defense Agency. Before that, he was the head of the Air Force's Center for Acquisition Excellence. He is one of the Air Force's most seasoned program managers, and was promoted to Senior Executive Service in 1997.